

# **Brazoria County**

## **Applicant Procedure** **(Revised 06/06)**

### **Introduction**

Thank you for applying for employment with Brazoria County ("County"). We appreciate your interest in working for the County and for giving us this opportunity to learn of your qualifications. We also hope that this present application process ("process") will soon lead to the right job opportunity for you with the County. However, if it does not, we want you to feel that it has, nevertheless, been a pleasant experience and one that will encourage you to apply again at a later date.

We have prepared this information sheet, referred to as the "Applicant Procedure", to help guide you through the process and steps of applying for and becoming an employee of the County. The County has adopted this procedure to insure that all persons seeking employment are treated in a fair and consistent manner and that in every case, the better qualified applicant is selected for each open and listed job vacancy. In addition, it is the County's purpose to make this process as convenient and expeditious as is practicable.

The County will provide you with information on its personnel policies and practices, its employee benefits, and its personnel. However, please feel free at any time to ask questions and/or inquire about the status of your application. While we will be gathering relevant information about you, we want you, at the same time, to have all of the information you need. The County's Human Resources Department will be available to assist you at anytime with your questions. The information on how to contact us is listed below.

### **Employment at Will**

All employment with the County is "at will". This means that if you become an employee of the County, no contract of employment, either specified or unspecified, will exist between you and the County for any duration, except as provided by state law. In other words, the County will have the right to terminate your employment for any legal reason, or no reason, at any time either with or without notice. Conversely, you will have the right to leave your employment at any time, for any reason, with or without notice.

Furthermore, the County will have the right to change your location for work, your salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time and for any reason, with or without prior notice.

### **Equal Employment Opportunity**

The County is an Equal Opportunity Employer. It is the policy of the County to provide equal opportunity to all applicants for employment without discrimination in regard to race, color, religion, disability, national origin, sex or age. This policy extends to hiring, training, promotion, discipline, transfer, layoff, termination and all other terms and conditions of employment.

### **Definition of a Job Applicant**

Due to regulatory reasons, the County defines a "job applicant" to be a qualified person who applies for an open and listed job vacancy. This means that the County accepts applications only for open and listed job vacancies and only from applicants who possess the minimum job skills and qualifications that are required of the position.

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In addition, a job applicant is further defined as someone who has completed, in its entirety, a "Brazoria County Employment Application" ("application") form and other supplement(s), as applicable, and who submits the document(s), in person, to the Human Resources Department or other designated department of the County.

Persons submitting resumes, solicited or unsolicited, will not be considered a job applicant of the County unless and until they meet all of the above requirements.

For an open and listed job vacancy where a large number of job applicants apply, the County reserves the right to accept only a limited number of job applicants; i.e., the first 10, 25, 50, etc. In that event, all remaining job applicants would be regarded as ineligible for that vacancy.

**Job Applicant Resources' File**

If you are not hired for a present open and listed job vacancy, the County will retain your application in a "Job Applicant Resources' File" for six (6) months. At the end of that period, you may extend that time for another six (6) months by reapplying and completing a new application. In which event, the County will consider your new application in accordance with this procedure.

The County uses the Job Applicant Resources' File as one of its many sources for qualified employees but no preferential consideration is given in the hiring process to those applicants. Again, the County's policy is to hire the better-qualified applicant available for each open and listed job vacancy, regardless of the source by which he/she was recruited or applied.

**Other Requirements for Employment**

All job offers are conditioned upon passing a pre-employment alcohol/drug test.

Applicants for Road & Bridge Equipment Operator jobs who do not hold a valid Commercial Drivers' License ("CDL") will be required, in accordance with law, to obtain medical certification of eligibility for a CDL prior to beginning employment.

Other jobs that involve strenuous physical activities require a **post offer** pre-employment physical examination. You will be told if this requirement applies to the job for which you are applying.

The Human Resources Department arranges for all pre-employment tests and medical certifications, and the County pays for their costs.

**Job Applicants with Disabilities**

All County facilities are wheelchair accessible. If you need other assistance, please contact the Human Resources Department. The County prohibits discrimination in employment against persons applying for employment who are qualified to perform the essential functions of the job, with or without reasonable accommodation.

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**Reasons for Disqualification**

Although not totally inclusive, following are some of the more common reasons why job applicants are disqualified from employment:

1. Making a false statement on the application form or any other document related to or which has a bearing on the application process.
2. Committing or attempting to commit a fraudulent act at any step of the application process.
3. Refusal or failure to pass a County required pre-employment alcohol/drug test.
4. Being found unqualified to perform the essential functions of the job, with or without reasonable accommodation, upon taking a post-offer pre-employment physical examination, if one is required.
5. Unsatisfactory work history and/or poor professional references.
6. Lack of job qualifications and experience.
7. Not legally permitted to hold the position.

**Steps for Making Application for Employment**

You may contact or visit the Human Resources Department to inquire about any open and listed job vacancies that exist with the County. Or, if it is more convenient for you, you may go to any of the County's outlying offices. There will be someone there who can share that information with you and if appropriate, provide you with an application form. If the open and listed job vacancy exists at that office, they will retain your application for consideration. However, if the job is not at that location, they will give you an application form to complete and later submit, in person, to the Human Resources Department. If you are currently working elsewhere or if for other personal reasons you are unable to come to the Human Resources Department, in person, you may mail your application.

Once your application has been received by the Human Resources Department, it will be forwarded to the appropriate department head for consideration. If the department head decides to invite you for an interview, he/she will contact you directly to make the arrangements. In some cases, the department head may arrange for you to be interviewed by a representative of the Human Resources Department. In either case, the department head will be the hiring authority.

If the department head decides to make you a "conditioned" job offer and you accept, the Human Resources Department will arrange for you to take a drug test and a post offer pre-employment physical examination (if one is required for the job). You will first need to come to the Human Resources Department to sign the related forms and to obtain a referral slip to the designated medical facility. **You will not be permitted to report for work until such time that the Human Resources Department receives the test(s) results and confirms with you that you have passed the test(s).** At which time, the Human Resources Department will also confirm your reporting date. You will first report on that date, and at a specified time, to the Human Resources Department for employment processing. Afterwards, you will be referred to your department head to begin your new job!

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**How to Contact the Human Resources Department**

**Location: Brazoria County Courthouse  
111 E. Locust, Suite 103A  
Angleton, TX 77515**

**Office Hours: 8:00AM - 5:00PM, Monday - Friday**

**To call: 979/864-1809, 979/388-1809 or 281/756-1809**

**To fax: 979/864-1035, 979/388-1035 or 281/756-1035**

**E-mail: [jobs@brazoria-county.com](mailto:jobs@brazoria-county.com)**

**WEB Page: <http://www.brazoria-county.com/hr/openings.htm>**

**Our hiring policy is simple:**

**WE FOLLOW THE LAW!**

**This company hires lawful workers only - U.S citizens or nationals and non-citizens with valid work authorization - without discrimination.**

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Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact:

Department of Homeland Security,  
SAVE Branch  
425 I Street, NW (ULLB 1<sup>st</sup> Floor)  
Washington, DC 20536

SSA, Office of Program Benefits Policy  
6401 Security Blvd.  
760 Altmeyer  
Baltimore, MD 21235

**Nuestra poliza de empleo es simple:**

**NOSOTROS SEGUIMOS LA LEY!**

**Sin discriminación, esta compañía emplea solamente trabajadores legales - ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización de trabajo.**

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La Ley Federal del Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley esta compañía participa en un programa Piloto Basico de verificación de empleo, establecido por El departamento de la Seguridad de la Patria en conjunto con la Administración de Seuro Social en esta forma los empleadores, verficaran la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningun tipo de excepcion en la Ley, tenemos la obligación de completer el formulario I-9 para toda persona que nostros empleamos.

For additional information on the verification program contact:

Department of Homeland Security,  
SAVE Branch  
425 I Street, NW (ULLB 1<sup>st</sup> Floor)  
Washington, DC 20536

SSA, Office of Program Benefits Policy  
6401 Security Blvd.  
760 Altmeyer  
Baltimore, MD 21235

## **Brazoria County, Texas**

### **NOTICE TO APPLICANTS FOR EMPLOYMENT (Workers' Compensation-Effective June 13, 2006)**

**BRAZORIA COUNTY ("COUNTY") HAS WORKERS' COMPENSATION INSURANCE. THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE INJURED ON THE JOB, OR SUFFER A WORK-RELATED ILLNESS, THEY WILL BE ENTITLED TO MEDICAL AND TEMPORARY INCOME DISABILITY BENEFITS. THE COUNTY, AS THE EMPLOYER, PAYS ALL PREMIUMS DUE. IN OTHER WORDS WORKERS' COMPENSATION INSURANCE OFFERS COUNTY EMPLOYEES VALUABLE FINANCIAL PROTECTION AT NO COST TO THEM.**

**GIVEN THE COUNTY'S ASSUMED FINANCIAL RESPONSIBILITIES IN PROVIDING THIS PROTECTION TO ITS EMPLOYEES, IT IS APPROPRIATE THAT THE COUNTY TAKE STEPS TO ASSURE THAT NO FRAUDULENT CLAIMS FOR SUCH BENEFITS ARE ACCEPTED. ONE OF THESE STEPS IS TO OBTAIN PRIOR INJURY INFORMATION ON ITS NEW EMPLOYEES FROM THE TEXAS WORKERS' COMPENSATION COMMISSION ("COMMISSION"). THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE FIRST HIRED THEY'RE REQUIRED, AS A CONDITION FOR CONTINUED EMPLOYMENT, TO GIVE WRITTEN AUTHORIZATION (USING THE FORM PROVIDED FOR THIS PURPOSE) TO THE COMMISSION FOR ITS RELEASE TO THE COUNTY INFORMATION ON TWO OR MORE GENERAL INJURY CLAIMS THEY HAVE FILED, IF ANY, DURING THE FIVE (5) YEARS PRECEDING THEIR EMPLOYMENT WITH THE COUNTY.**

**IN INSTITUTING THIS REQUIREMENT THE COUNTY CERTIFIES TO THE COMMISSION THAT IT IS COVERED UNDER SECTION 402.087 OF THE TEXAS LABOR CODE AND U.S.C. 12101 OF THE AMERICANS WITH DISABILITIES ACT OF 1990.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUIREMENT PLEASE ASK A REPRESENTATIVE OF THE COUNTY'S HUMAN RESOURCES DEPARTMENT (Phone # 979/864-1809).**

**AS EVIDENCED BY MY SIGNATURE BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS NOTICE; AND, AGREE TO ABIDE BY ITS REQUIREMENTS IN THE EVENT I BECOME EMPLOYED BY THE COUNTY.**

**Signature: \_\_\_\_\_**

**Date:**

# BRAZORIA COUNTY

## EMPLOYMENT APPLICATION

APPLY AT:

**Brazoria County Courthouse**

**Human Resources Department  
111 E. Locust, Suite 103A  
Angleton, Texas 77515**

**Telephone: 979/864-1809**

**Fax: 979/864-1035**

**Job Line: 979/864-1023**

**E-mail: <http://www.brazoria-county.com/hr/openings.htm>**

*Brazoria County is a drug/alcohol free workplace. All applicants are subject to a drug/alcohol screen prior to beginning employment.*

**Job Applying for:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Brazoria County is an Equal Opportunity Employer. It is the policy of the County to provide equal opportunity for all employees and applicants for employment without discrimination in regard to race, color, religion, disability, national origin, sex or age. This policy extends to hiring, training, promotion, discipline, transfer, termination and all other terms and conditions of employment.**

**INSTRUCTIONS**

**ALL APPLICATIONS FOR EMPLOYMENT, EXCEPT FOR THE SHERIFF'S OFFICE WHICH USES ITS OWN SEPERATE FORM, MUST BE MADE ON THIS FORM. RESUMES WILL BE ACCEPTED AS A SUPPLEMENT TO THIS FORM BUT NOT IN PLACE OF IT.**

**APPLICANTS MAY VOLUNTARILY COMPLETE SUPPLEMENT "A" (EEO SELF-IDENTIFICATION FORM) TO THE APPLICATION FORM. COMPLETED SUPPLEMENT "A" FORMS ARE SEPARATED FROM THE APPLICATION FORMS, IN ACCORDANCE WITH LAW, AND ARE KEPT IN A CONFIDENTIAL FILE THAT IS MAINTAINED BY THE HUMAN RESOURCES DEPARTMENT.**

**APPLICANTS FOR LAW ENFORCEMENT POSITIONS MUST ALSO COMPLETE SUPPLEMENT "B" TO THE APPLICATION FORM.**

**PLEASE FILL OUT THIS FORM COMPLETELY, USING BLACK OR BLUE INK . IF QUESTIONS ARE NOT APPLICABLE, ENTER "NA". FOR ADDITIONAL WRITING SPACE, USE PAGE 10 OF THIS FORM.**

**SHOULD YOU HAVE ANY QUESTIONS CONCERNING ANY PART OF THIS FORM, PLEASE CONSULT A MEMBER OF THE HUMAN RESOURCES DEPARTMENT.**

**AS AN INSERT TO THIS FORM, THE "APPLICANT PROCEDURE" DOCUMENT PROVIDES ADDITIONAL INFORMATION TO HELP GUIDE YOU THROUGH THE APPLICATION PROCESS AND STEPS FOR BECOMING AN EMPLOYEE OF THE COUNTY.**

**ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION. A FALSE, MISLEADING OR INCOMPLETE ANSWER WILL RESULT IN DISQUALIFICATION.**

**THIS APPLICATION FORM BECOMES PUBLIC RECORD AND IS SUBJECT TO DISCLOSURE UNDER THE TEXAS OPEN RECORDS ACT.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

How long have you lived at this address? \_\_\_\_\_ If less than three years, where did you

Live previously? \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Present home telephone no. ( ) \_\_\_\_\_ Present work telephone no. ( ) \_\_\_\_\_  
(Area Code) (Area Code)

May we contact you at work?  Yes  No Pager and/or cellular no. (specify) ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Summer Only

Has Brazoria County previously employed you?  Yes  No If "yes", when? \_\_\_\_\_  
(Month/Year to Month/Year)

Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

Have you previously made application for employment with Brazoria County?  Yes  No .If "yes",

When? \_\_\_\_\_ Do you or does your spouse have any relatives who are employed by

Brazoria County?  Yes  No If "yes", give name(s) and relationship(s) \_\_\_\_\_  
*(NOTICE: State law prohibits the hiring of relatives of elected and appointed officials under certain circumstances)*

Are you under 18?  Yes  No If "yes", what was your date of birth? \_\_\_\_\_  
*(NOTICE: A federal Certificate of Age is required for the employment of a minor that is 16 or 17 years of age)*

Are you legally authorized to work in the United States?  Yes  No  
*(NOTICE: federal law requires completion of INS Form I-9 prior to beginning employment)*

Are you able to perform the functions of the job for which you are applying, with or without

Reasonable accommodation?  Yes  No If "no", how would you perform the functions and with

What accommodation(s)?

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*(NOTICE: To assist you in making this determination, you will be provided with a copy of the Position Description)*

Can you be expected to comply with the regular work schedule and attendance requirements of the

Job for which you are applying?  Yes  No If "no", please explain:

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Will you work overtime if required?  Yes  No If "no", please explain:

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Will you be willing to work at other locations of the County as needed upon request by your supervisor?

Yes  No

What is your desired salary range? \_\_\_\_\_

Have you ever been bonded?  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime since reaching 17 years of age?  Yes  No

If "yes", please provide date(s) and details:

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*(NOTICE: Answering "yes" to this question, except for positions where disqualification is specified by law, will not necessarily bar you from employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation achieved and position applied for will be taken into consideration)*

List any other names you have used if different from name given on this application:

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Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_ Are you bilingual?  Yes  No

If "yes", in what language(s) are you fluent? Speak \_\_\_\_\_ Write \_\_\_\_\_

**EDUCATION/TECHNICAL TRAINING**

Circle highest grade completed?

Did you graduate/achieve GED?  Yes  No

Type of School	Name and Location of School	Dates Attended From - To Mo./Yr.-Mo./Yr.	Semester Hours Completed	Graduated Yes/No	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Under-Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical, Vocational, Business				<input type="checkbox"/> Yes <input type="checkbox"/> No			

*(NOTICE: Applicants will be required to provide verification of diploma, degree, transcripts, licenses, certifications and registrations)*

Are you attending classes?  Yes  No Where? \_\_\_\_\_

Courses being taken?

**MILITARY SERVICE**

Have you ever served in the Armed Forces?  Yes  No If "yes", what were the dates? \_\_\_\_\_  
(Month/Year to Month/Year)

Branch of Service? \_\_\_\_\_ What was your specialty? \_\_\_\_\_

What was the highest grade or rank you attained? \_\_\_\_\_ What was your grade or rank at time

Of discharge? \_\_\_\_\_ Type of discharge you received \_\_\_\_\_

What honors, awards and decorations did you receive? \_\_\_\_\_

**WORK EXPERIENCES**

Have you ever received a promotion or been given other special recognition and praise for the manner in which You performed your job?  Yes  No If "yes", please explain:  
\_\_\_\_\_

Have you been demoted, fired or asked to resign from a job?  Yes  No If "yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

What do or did you like best about your present or most recent job and supervisor?

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What do or did you dislike the most, if anything, about your present or most recent job and supervisor?

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What do you consider to be the best attributes and strengths that you have exhibited to your present or most Recent supervisor?

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Has your present or most recent supervisor discussed with you areas in your job performance that needed Improvement?  Yes  No If "yes", please explain:

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What, if any, have been some of the more difficult problems that have occurred between you and co-workers And how did you resolve them?

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What attracted you to your present or most recent job?

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What happened at your present or most recent job that caused you to want to make a job change?

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What personal traits and characteristics best describe your everyday work habits?

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How did your previous work experiences prepare you for the job for which you are applying?

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## WORK HISTORY

*(Begin With Your Most Recent Job and Work Back Ten (10) Years)*

May we contact your present employer for a work reference report?

(Please initial your answer)

1	EMPLOYER				ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START		SALARY-END		YOUR TITLE		IMMEDIATE SUPERVISOR	
	MONTH	YEAR	MONTH	YEAR	\$ Per		\$ Per					
	DESCRIBE WORK PERFORMED							REASON FOR LEAVING				
2	EMPLOYER				ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START		SALARY-END		YOUR TITLE		IMMEDIATE SUPERVISOR	
	MONTH	YEAR	MONTH	YEAR	\$ Per		\$ Per					
	DESCRIBE WORK PERFORMED							REASON FOR LEAVING				
3	EMPLOYER				ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START		SALARY-END		YOUR TITLE		IMMEDIATE SUPERVISOR	
	MONTH	YEAR	MONTH	YEAR	\$ Per		\$ Per					
	DESCRIBE WORK PERFORMED							REASON FOR LEAVING				
4	EMPLOYER				ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START		SALARY-END		YOUR TITLE		IMMEDIATE SUPERVISOR	
	MONTH	YEAR	MONTH	YEAR	\$ Per		\$ Per					
	DESCRIBE WORK PERFORMED							REASON FOR LEAVING				
5	EMPLOYER				ADDRESS				CITY	STATE	ZIP	TELEPHONE
	DATE STARTED		DATE ENDED		SALARY-START		SALARY-END		YOUR TITLE		IMMEDIATE SUPERVISOR	
	MONTH	YEAR	MONTH	YEAR	\$ Per		\$ Per					
	DESCRIBE WORK PERFORMED							REASON FOR LEAVING				

Name \_\_\_\_\_ Initials \_\_\_\_\_  
 (Last) (First) (Middle)

**SUMMARY OF TYPES & YEARS OF EXPERIENCE**  
*(Fill-in all that apply. Specify other types of experience, if any)*

Road & Bridge	YRS.	Law Enforcement	YRS	Administrative	YRS
Gradall	_____	Detention Officer	_____	Admin. Assistant.	_____
Dump Truck	_____	Patrol Officer	_____	Office Manager	_____
Sign Maker	_____	Investigator	_____	Secretary	_____
Mechanic	_____	Mental Health Officer.	_____	Legal Secretary	_____
Equip. Opr.	_____	Sergeant - Detention	_____	Accounting Clerk	_____
Tire Repair	_____	Sergeant - Patrol	_____	Library Clerk	_____
Laborer	_____	Lieutenant - Detention	_____	Purchasing Clerk	_____
Welder	_____	Lieutenant - Patrol	_____	Payroll Admin.	_____
Foreman	_____			PBX Operator	_____
Shop Foreman	_____			Tax Clerk	_____
Grader	_____			Court Clerk	_____
Roller	_____			District Clerk	_____
				County Clerk	_____

PROFESSIONAL	YRS.	MAINTENANCE	YRS	OTHER JOBS	YRS
Civil Engineer	_____	Plumber	_____	Computer Tech.	_____
Chemist	_____	Electrician	_____	Park Ranger	_____
Accountant	_____	Carpenter	_____	Lab Assistant	_____
RN	_____	HVAC Technician	_____	Airport Tech.	_____
Attorney	_____	Foreman	_____	LVN	_____
Librarian	_____				
Buyer	_____				
Programmer	_____				
Curator	_____				

**SPECIAL QUALIFICATIONS & TECHNICAL SKILLS**  
*(Fill in only major job category that applies, if any)*

**ROAD & BRIDGE**

Do you currently hold a valid CDL?  Yes  No If "yes" please complete the following:

Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you hold a "Tank Vehicle Endorsement"?  Yes  No Do you hold a "Hazardous Material

Endorsement?  Yes  No Is there any "Restriction" placed on you CDL?  Yes  No

If "yes", what is the "Code" for that restriction? \_\_\_\_\_ Have you had a CDL revoked?  Yes  No

If "yes", for what reason was it revoked? \_\_\_\_\_

If you do not currently hold a valid CDL, do you know of any reason why you might not qualify for a valid CDL?

Yes  No If "yes", please explain the reason

*(NOTICE: All County Equipment Operators are required by law to hold a valid CDL)*

**LAW ENFORCEMENT**

What is the highest level of "Peace Officer" proficiency certification that you have received from TCLEOSE?

\_\_\_\_\_ What is the highest level of "Jail Officer" proficiency certification that you  
Have received from TCLEOSE? \_\_\_\_\_ What other certifications have you  
received \_\_\_\_\_

What honors, decorations and awards have you received?

**ADMINISTRATIVE**

If applying for a clerical or secretarial position, what office equipment can you operate?

\_\_\_\_\_

What are your typing skills? \_\_\_\_\_ (wpm). What are your shorthand or speedwriting skills?  
\_\_\_\_\_ (wpm). What are your CRT skills? \_\_\_\_\_ (strokes per hour).

In what computer software programs are you proficient (check all that apply):

Microsoft Office  Word 97  Excel  Powerpoint  Access   
Schedule Plus  PeopleSoft  Other Packages (please list) \_\_\_\_\_

If applying for a clerical position in accounting or auditing, what bookkeeping training and experience have you had?

**PROFESSIONAL**

If you are a **Civil Engineer**, are you a "registered professional engineer"?  Yes  No If "yes",

Please fill-in the name of the issuing state and the number of your license: State \_\_\_\_\_

Number \_\_\_\_\_

If you are an **Accountant** are you a CPA?  Yes  No If "yes", please fill-in the name of the issuing

State and the number of you certification: State \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_  
(Last) (First) (Middle)

If you are a **Registered Nurse** who is the issuing state and what is the number of your license?

State \_\_\_\_\_ Number \_\_\_\_\_

If you are a Programmer what languages are you proficient with?

**MAINTENANCE**

What trade licenses do you hold? \_\_\_\_\_

**OTHER JOBS**

What licenses and/or certifications do you hold that are related to the job that you are applying for?

**SUMMARY OF QUALIFICATIONS & SKILLS**

Please list any additional and relevant information about yourself that will help the County to have a more complete understanding of your qualifications and technical skills, your past accomplishments and present goals, your work ethic and your human relations skills.

**PERSONAL REFERENCES**

Please include teachers or school administrators, co-workers, neighbors or friends whom have known you for three (3) or more years and can speak for your stability and character. Do not include relatives or former supervisors.

NAME	ADDRESS	PHONE	RELATIONSHIP
1.		( )	
2.		( )	
3.		( )	

**APPLICANT STATEMENT**

*(Do not sign below until you have read carefully and fully understand and accept the following terms and conditions for employment with Brazoria County)*

I certify that all information provided by me in connection with this application for employment, whether on this form or not, is true, complete and correct. I understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient reason to (1) to cancel any further consideration of my application, or (2) to immediately terminate me from County employment whenever it is discovered.

Furthermore, I acknowledge and agree that the filing of this application form in no way obligates the County to employ me and that it reserves the right to reject my application without disclosing reason



**VOLUNTARY EEO IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of job for which an individual applies. The information requested on this sheet is for compliance with those record keeping requirements. However, your completion of this form is entirely voluntary and if you elect not to complete it, it will have no bearing on whether or not you are selected for employment with the County.

The County believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age or any other protected group status.

Name \_\_\_\_\_

**Date:**

Job Applied for \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female  
Month/Day/Year

**Race/Ethnic Data:**

- White (Non-Hispanic)
- Black (Non-Hispanic)
- Asian or Pacific Islander
- Hispanic
- American Indian or Alaskan Native

**Disabled/Veteran Classification(s):**

- Disabled Person
- Vietnam Era Veteran
- Special Disabled Veteran (30% or more disability)

**EXPLANATION OF THE CATEGORIES:**

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of the race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.